
STATE OF WISCONSIN
Before the Government Accountability Board

The Certified Complaint of

THE REPUBLICAN PARTY OF WISCONSIN
ANDREW DAVIS, Complainant

**VERIFIED
COMPLAINT**

Against,

JOHN HECKENLIVELY, Respondent

This complaint is made under Chapters 5 and 8 of the Wisconsin Statutes and Chapter GAB 2 of the State of Wisconsin Administrative Code, and requests that the Government Accountability Board review the sufficiency of the nomination papers for the Respondent in light of the allegations contained herein.

I, Andrew Davis, allege that:

1. I am a resident of the State of Wisconsin and am a qualified elector. I reside at 2525 South Shore Drive, Milwaukee, Milwaukee County, Wisconsin, 53207.
2. John Heckenlively, who listed his address as 410 Seventh Street Apt. 2, Racine, WI 53403 has filed nomination papers with the Government Accountability Board for certification as a Democrat candidate for the U.S. House of Representatives in the First Congressional District on the November 2, 2010 ballot.

I
CHALLENGE TO RESPONDENTS NOMINATION PAPERS IN THEIR ENTIRETY

A
Minimum Required Signatures Not Met

7. GAB 2.05(6) states, "Nomination papers shall contain at least the minimum required number of signatures from the circuit, county, district or jurisdiction which the candidate seeks to represent.
8. Section 8.15(6)(b), Wis. Stats., provides that a candidate for the State Senate must submit not less than one thousand (1000) signatures on said candidate's nomination papers.
9. Nomination Paper Receipt No. 2010FALLPP-369, attached hereto as Exhibit A, was issued by the Government Accountability Board regarding the number of verified, valid signatures submitted by Respondent.

10. Nomination Paper Receipt No. 2010FALLPP-369, attached hereto as Exhibit A, indicates that the Government Accountability Board verified that Respondent submitted eight hundred fifty three (853) valid signatures.
11. As described in Sections II and III below, additional signatures in the Respondent's nomination papers are invalid. Complainant therefore alleges that Respondent has submitted less than the minimum required signatures from the 1st Congressional District, and is ineligible to be placed on the ballot.

B

Nomination Papers Missing Required Information

12. GAB 2.05(1) states, "Each candidate for public office has the responsibility to assure that his or her nomination papers are prepared, circulated, signed, and filed in compliance with statutory and other legal requirements."
13. Respondent's nomination papers do not include the correct election date. Respondent's nomination papers misstate the necessary election date information by neglecting to inform potential signers of the applicable election year.
14. Respondent's nomination papers are misleading and not in substantial compliance with the rules promulgated by the Government Accountability Board. Complainant alleges, therefore that Respondent's nomination papers are invalid and that Respondent is ineligible to be placed on the ballot.

II

CHALLENGES TO CIRCULATOR INFORMATION

A

Residency of Circulator Cannot be Determined

15. Complainant re-alleges and reincorporates herein paragraphs 1 through 14, above.
16. GAB 2.05(14) states, in part, "No signature may be counted when the residency of the circulator cannot be determined by the information given on the nomination paper." (Emphasis added.)
17. Pages 1, 18, 20, 21, 55 and 104 of Respondent's nomination papers are missing the required municipality of residence information for the circulator, in contravention of GAB 2.05(14). The circulator failed to specify his/her town, village, or city of residence for voting purposes. A copy of pages 1, 18, 20, 21, 55 and 104 of Respondent's nomination papers are attached hereto as Exhibit B.
18. Therefore, none of the signatures on pages 1, 18, 20, 21, 55 and 104 of the Respondent's nomination papers may be counted by the Government Accountability Board.

B
Circulator Failed to Sign

19. GAB 2.05(14) states, “No signature on a nomination paper shall be counted unless the elector who circulated the nomination paper completes and signs the certificate of circulator and does so after, not before the paper is circulated.”
20. Page 128 lacks the signature of the circulator. A copy of page 128 is attached hereto as Exhibit C.
21. Therefore, none of the signatures on page 128 of Respondent’s nomination papers may be counted by the Government Accountability Board.

III
CHALLENGES TO INDIVIDUAL SIGNATURES

A
Signatures Are Missing Proper Municipalities

22. Complainant re-alleges and reincorporates herein paragraphs 1 through 19, above.
23. Section 8.15(3), Wis. Stats. states “all signers on each separate nomination paper...shall reside in the jurisdiction or district which the candidate named on the paper will represent, if elected.”
24. Chapter 3.11 of the Wisconsin Statutes provides a description of the 1st Congressional District. A residence falling outside of the description listed in Chapter 3.11, is not within the boundaries of the 1st Congressional District. Exhibit TTT is a map demonstrating the boundaries of the 1st Congressional District.
25. GAB 2.05(12) states, “A complete address, including municipality of residence for voting purposes...shall be listed for each signature on a nomination paper.”
26. Page 35, line 6 of Respondent’s nomination papers is signed by an individual who listed his/her municipality of residence as Town of Somers. A copy of page 35 of Respondent’s nomination papers is attached hereto as Exhibit D. Exhibit D contains a printout of the Wisconsin State Legislative search for representative districts, and it clearly demonstrates that the applicable municipality is Kenosha, not Somers, in contravention of GAB 2.05(12).
27. Page 36, line 2 of Respondent’s nomination papers is signed by an individual who listed his/her municipality of residence as Town of Somers. A copy of page 36 of Respondent’s nomination papers is attached hereto as Exhibit E. Exhibit E contains a printout of the Wisconsin State Legislative search for representative districts, and it clearly demonstrates that the applicable municipality is Kenosha, not Somers, in contravention of GAB 2.05(12).

28. Page 43, lines 9 and 10 of Respondent's nomination papers are signed by individuals who listed their municipality of residence as Town of Somers. A copy of page 43 of Respondent's nomination papers is attached hereto as Exhibit F. Exhibit F contains a printout of the Wisconsin State Legislative search for representative districts, and it clearly demonstrates that the applicable municipality is Kenosha, not Somers, in contravention of GAB 2.05(12).
29. Page 81, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as Town of Somers. A copy of page 81 of Respondent's nomination papers is attached hereto as Exhibit G. Exhibit G contains a printout of the Wisconsin State Legislative search for representative districts, and it clearly demonstrates that the applicable municipality is Kenosha, not Somers, in contravention of GAB 2.05(12).
30. Page 85, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as Town of Somers. A copy of page 85 of Respondent's nomination papers is attached hereto as Exhibit H. Exhibit H contains a printout of the Wisconsin State Legislative search for representative districts, and it clearly demonstrates that the applicable municipality is Kenosha, not Somers, in contravention of GAB 2.05(12).
31. Page 80, line 8 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as PP, WI 53158. A copy of page 80 of Respondent's nomination papers is attached hereto as Exhibit I. Exhibit I contains a printout of the Wisconsin State Legislative search for representative districts, and it clearly demonstrates that the applicable municipality is Pleasant Prairie, not PP, in contravention of GAB 2.05(12).
32. Page 87, line 5 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as the town of Mount Pleasant Racine. A copy of page 87 of Respondent's nomination papers is attached hereto as Exhibit J. The town of Mount Pleasant Racine does not exist, in contravention of GAB 2.05(12).
33. Page 88, lines 7 and 8 of Respondent's nomination papers are signed by individuals who listed their municipality of residence as the town Racine. A copy of page 88 of Respondent's nomination papers is attached hereto as Exhibit K. The town of Racine does not exist, in contravention of GAB 2.05(12).

B

Signatures Are Missing Proper Addresses

34. GAB 2.05(12) states, "A complete address, including municipality of residence for voting purposes, and the street and number, if any, of the residence, (or postal address if it is located in the jurisdiction that the candidate seeks to represent), shall be listed for each signature on a nomination paper."

35. Page 16, line 10 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 158861, City of Kenosha. A copy of page 16 of Respondent's nomination papers is attached hereto as Exhibit L. Exhibit L clearly demonstrates that there is no street name listed, in contravention of section GAB 2.05(12).
36. Page 70, line 2 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as Washington Ave., City of Racine. A copy of page 70 of Respondent's nomination papers is attached hereto as Exhibit M. Exhibit M clearly demonstrates that there is no street number listed, in contravention of section GAB 2.05(12).
37. Page 71, line 7 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as PO Box 520, Village of Dover. A copy of page 71 of Respondent's nomination papers is attached hereto as Exhibit N. Exhibit N clearly demonstrates that a PO Box address is listed, in contravention of section GAB 2.05(12).
38. Page 113, line 4 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as Racine, WI 53402, City of Racine. A copy of page 113 of Respondent's nomination papers is attached hereto as Exhibit O. Exhibit O clearly demonstrates that there is no street number listed, in contravention of section GAB 2.05(12).
39. Page 75, line 4 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as 50th St. 39, City of Kenosha. A copy of page 75 of Respondent's nomination papers is attached hereto as Exhibit P. Exhibit P contains a printout of the Wisconsin State Legislative search for representative districts and a Google map plot. It clearly demonstrates that the address does not exist, in contravention of GAB 2.05(12).
40. Page 108, line 5 of Respondent's nomination papers is signed by an individual who listed his/her municipality of residence as PO Box 95, City of Kenosha. A copy of page 108 of Respondent's nomination papers is attached hereto as Exhibit Q. Exhibit Q clearly demonstrates that a PO Box address is listed, in contravention of section GAB 2.05(12).

C

Signer Does Not Have Valid Date

41. GAB 2.05(15)(b) States "an individual signature on a nomination paper may not be counted when any of the following occur...the signature is dated after the date of certification contained in the certificate of the circulator."
42. Page 14, lines 8, 9 and 10 of Respondent's nomination papers contains signatures dated 7/11/10. A copy of page 14 of Respondent's nomination papers is attached hereto as

Exhibit R. The circled dates indicate that the elector's signature is dated after 7/10/10, which is the first date that the circulator lists.

43. Page 93, lines 4 and 5 of Respondent's nomination papers contain signatures dated 7/10. A copy of page 93 of Respondent's nomination papers is attached hereto as Exhibit S. The circled dates indicate that the elector's signature does not contain a day which makes it impossible to determine whether the signature was made before or after the circulator signed the certification of circulator.
44. Page 131, line 1 of Respondent's nomination papers contains a signature that was dated with a day number that is illegible. A copy of page 131 of Respondent's nomination papers is attached hereto as Exhibit T. The circled date indicates that the elector's signature does not contain a legible day which makes it impossible to determine whether the signature was made before or after the circulator signed the certification of circulator.

WHEREFORE, Complainant prays that the Government Accountability Board review the sufficiency of Respondent's nomination papers and declare them to be invalid in whole or in part; and render such other relief that the Government Accountability Board may deem just and equitable.

Dated this 16th day of July, 2010 at Madison, Wisconsin.



Andrew Davis
REPUBLICAN PARTY OF WISCONSIN

CERTIFICATION

I, Andrew Davis, being first duly sworn upon oath, state that I personally read the above complaint and that the above allegations are true and correct based on my personal knowledge and, as to those allegations stated on information and belief, I believe them to be true.

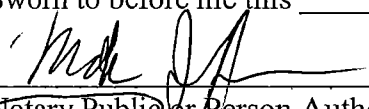
I have mailed a copy of this verified complaint to the Respondent.



Andrew Davis

State of Wisconsin)
) ss
County of Dane)

Sworn to before me this 15th day of July 2010.



~~Notary Public~~ or Person Authorized
to Administer Oaths

My commission expires 2-5-12
Or, ___ is permanent.

**Wisconsin Government Accountability Board
Nomination Paper Sufficiency Form**

Receipt No. : 2010FALLPP-369

Candidate ID # :

Candidate Name : JOHN HECKENLIVELY

Address 1 : 410 Seventh Street Apt 2

Address 2 :

City, State, Zip : Racine, WI 53403

Phone : (262) 635-1430

Election Date : 09/14/2010

Type : September Partisan Primary - Governor

Office : CONGRESSIONAL - DISTRICT 1

Party : Democratic

Date Filed Campaign Registration Statement (Not Filed)

Date Filed Declaration of Candidacy : July 13th, 2010

Date Filed Nomination Papers : July 13th, 2010

Approximate Number of Pages : 131

Approximate Number of Signatures : 1200

Papers Received from : ☒ Candidate

☐ Mail

☐ Other : _____

Phone : _____

Receptionist : JP

WECF : N/A

DOC : 7/13/10

Ethics : N/A

Agency Staff : JP

Sufficiency Determined by : D/L / WL

Number of Valid Signatures : 853

If number of signatures is insufficient, indicate problem below:

7/13 Can repair approx 172 (to make 1025) by aff. Left mess. on ans mach.

Date Candidate Contacted : 7.13.10

Contacted by : D. Sore

Date of Final Approval : 1 / 1

Signature of Election Specialist : _____

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT B 10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Robert J. Lane</i>	36 McKinley Ave Racine WI 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
2. <i>Christa A. Barrett</i>	3551 Monarch Dr 4816 Knoll Place Racine WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
3. <i>Jean L. Smith</i>	2745 Chapel Ln Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/10/10
4. <i>Lillian</i>	4622 Knollwood Racine WI 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/10/10
5. <i>Lillian</i>	4622 Knollwood Racine WI 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/11/10
6. <i>Diana Kovacs</i>	3333 9th Street Sturtevant, WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	7/11/10
7. <i>William F. F.</i>	4528 Knollwood Dr. Mt. Pleasant, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/11/10
8. <i>Robert K. K.</i>	1735 21st Ave Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha WI	7/12/10
9. <i>William D. D.</i>	3204 Wood Rd #5 Racine WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/12/10
10. <i>Margaret J. Andrietsch</i>	7100 MARINER DR #102 RACINE WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant.	7/12/10

CERTIFICATION OF CIRCULATOR

I, MARGARET J ANDRIETSCH, certify:

I reside at 7100 MARINER DR #102 RACINE (MT PLEASANT) WI
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10

Margaret J. Andrietsch
(Signature of circulator)



7100 Mariner Dr

Racine, WI 53406-3862

This district determination is based on the most recent geographic data available for this address.

This address was matched to a Street Address, the center of which is located in the following legislative districts:

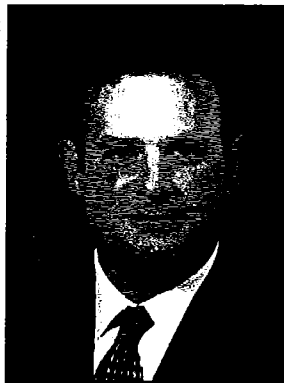
Wisconsin State Legislature

Wisconsin State
Senate



Senate District 21
Senator John Lehman
(608) 266-1832
Email Senator John
Lehman

Wisconsin State
Assembly



Assembly District 62
Representative Cory
Mason
(608) 266-0634
Email Representative
Cory Mason

Please include your mailing address in your email to your legislator.

US Congress

US House of
Representatives

US Congressional
District 1
US Representative
Paul Ryan

US Senate

Senator Russ
Feingold
and
Senator Herb Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT B

4

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Michelle L. Allen</i>	1800 Michigan Blvd RACINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
2. <i>Dennis R. Sundry</i>	1800 Michigan Blvd RACINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
3. <i>Jordan Sundberg</i>	1800 MICHIGAN BLVD. RACINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/11/10
4. <i>Virginia Brunkow</i>	399 Ruby Ave. #216 RACINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/11/10
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, JORDAN SUNDBERG, certify:
(Name of circulator)
I reside at 1800 MICHIGAN BLVD.
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

07/11/2010

(Date)

Jordan Sundberg
(Signature of circulator)

Page No. 18

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT B 10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>[Signature]</i>	3517 Sheridan Rd Racine, Wis	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	7-11-10
2. Pauline E. Schuyler	1531 BRYN MAWR RACINE, WI 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/11/10
3. <i>[Signature]</i>	Racine 1422 Rosalind Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7/11/10
4. <i>[Signature]</i>	1429 ROSALIND	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7/11/10
5. Shannon Street	1431 Rosalind Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7-11-10
6. <i>[Signature]</i>	1500 ROSALIND AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7/11/10
7. Robert J. Kelly	1314 Bryn Mawr Racine WI 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	7-11-10
8. <i>[Signature]</i>	1519 Rosalind Ave Racine WI 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	7-11-10
9. Beth Kovach 1512	1512 Rosalind Ave Racine, Wis	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	7/11/10
10. Russell Gilbertson	1528 Rosalind Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7/11/10

CERTIFICATION OF CIRCULATOR

I, MARK M GIESE, certify:

(Name of circulator)

I reside at 1520 BRYN MAWR AVE RACINE, WI 53403

(Circulator's residence - Include number, street, and municipality)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:
Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<http://gab.wi.gov> Email: gab@wi.gov

Page No. 20



1520 Bryn Mawr Ave
Racine, WI 53403-3606

This district determination is based
on the most recent geographic data
available for this address.

This address was matched to a
Street Address, the center of which is
located in the following legislative
districts:

Wisconsin State Legislature

Wisconsin State
Senate



Senate District 21
Senator John Lehman
(608) 266-1832
Email Senator John
Lehman

Wisconsin State
Assembly



Assembly District 61
Representative Robert
Turner
(608) 266-0731
Email Representative
Robert Turner

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US Congressional
District 1
US Representative
Paul Ryan

US Senate

Senator Russ
Feingold
and
Senator Herb Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT 8 10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. MARK M GIESE	1520 BRYN MAWR AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7/11/10
2.	1601 Bryn Mawr Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/11/10
3.	1528 BRYN MAWR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7/11/10
4.	1531 BRYN MAWR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7/11/10
5.	1649 [unclear] Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	7/11/10
6.	1517 Bryn Mawr Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	7-11-10
7.	1506 Bryn Mawr Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	7-11-10
8.	1500 Bryn Mawr Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	7/11/10
9.	3610 Shendan Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	7/11/10
10.	1315 Roselind Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	7/11/10

I, MARK M GIESE, certify:
(Name of circulator)
I reside at 1520 BRYN MAWR AVE WI 53403
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/10

(Date)

(Signature of circulator)



1520 Bryn Mawr Ave
Racine, WI 53403-3606

This district determination is based
on the most recent geographic data
available for this address.

This address was matched to a
Street Address, the center of which is
located in the following legislative
districts:

Wisconsin State Legislature

Wisconsin State
Senate



Senate District 21
Senator John Lehman
(608) 266-1832
Email Senator John
Lehman

Wisconsin State
Assembly



Assembly District 61
Representative Robert
Turner
(608) 266-0731
Email Representative
Robert Turner

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US Congressional
District 1
US Representative
Paul Ryan

US Senate

Senator Russ
Feingold
and
Senator Herb Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT 39

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purpose. <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>James D. Utley</i>	711 Melvin Ave Racine, WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/12/10
2. <i>E. J. J.</i>	711 Melvin Ave Racine, WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/12/10
3. <i>Harold L. Dunk</i>	4811 Sleepy Wood Dr Racine 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7.12.10
4. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. <i>Doni Hoat</i>	640 Elliot Dr Union Grove	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	7-12-10
6. <i>Carol D. Prosser</i>	3139 Edwood Dr Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
7. <i>John B. [Signature]</i>	5600 Braun Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/12/10
8. <i>Elba Rodandt</i>	145 43rd Ave Kenosha, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
9. <i>Jan B. [Signature]</i>	4214 Pennington Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
10. <i>Jim [Signature]</i>	3524 Kingsbury St Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/2010

I, Colin McKenna certify:

(Name of circulator)

I reside at 724 Cabtree Lane 53406

(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-2010 Colin McKenna

(Date) (Signature of circulator)

EXHIBIT B



Senate District 21
Senator John Lehman
(608) 266-1832
Email Senator John
Lehman



Assembly District 62
Representative Cory
Mason
(608) 266-0634
Email Representative
Cory Mason

Please include your mailing address in your email to your legislator.

US Congress

US House of
Representatives

US Senate

US
Congressional
District 1

Senator Russ
Feingold
and

US
Representative
Paul Ryan

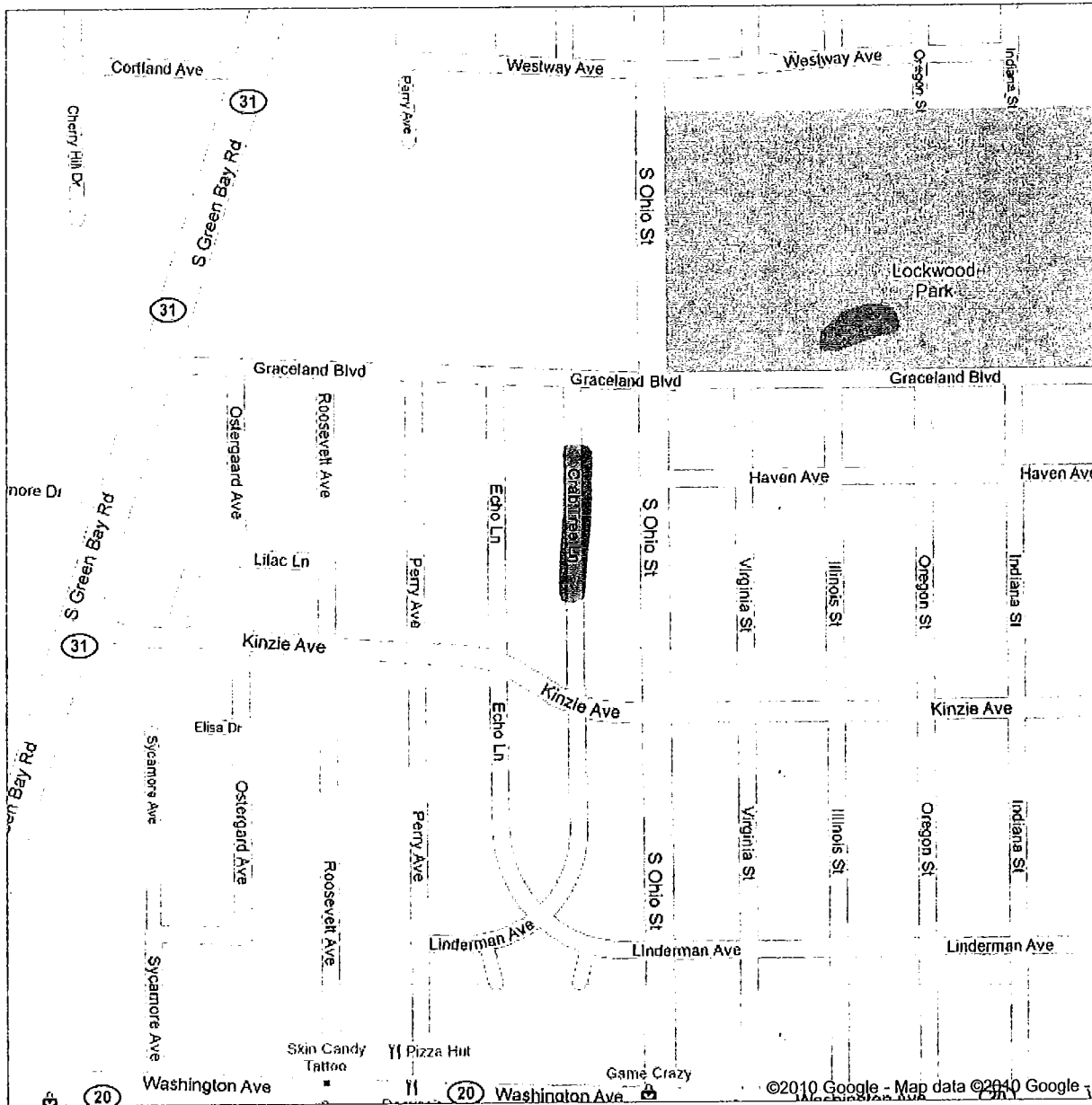
Senator Herb Kohl

EXHIBIT B

Google maps

Get Google Maps on your phone

Text the word "GMAPS" to 466453



NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>William Agamy</i>	2908 RUBY AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/13/10
2. <i>Dorothy J Whitehead</i>	10110 70th ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7/13/10
3. <i>Er 8-20</i>	843 HAYES AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/13/10
4. <i>Carlyle</i>	3540 TAMS	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cab Louis	7/13/10
5. <i>Robert Volz</i>	1051 N. Sunnyslope Dr #203	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/13/10
6. <i>Lain Spay</i>	780 CLEVELAND AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/13/10
7. <i>Larry Lynch</i>	1423 Deane St Lrt.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/13/10
8. <i>Gina McCarthy</i>	5403 IDLEWOOD DR RACINE, WI 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	7-13-10
9. <i>Theresa Terrell</i>	2600 Olive St Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/13/10
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Marilyn Nemeth, certify: (Name of circulator)
I reside at 8033 Old Spring Street Racine WI 53406-3243 (Mt. Pleasant)
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 13, 2010
(Date)

Marilyn Nemeth
(Signature of circulator)



8033 Old Spring St
Racine, WI 53406-3243
This district determination is based
on the most recent geographic data
available for this address.

This address was matched to a Street Address, the center of which is located in the following legislative districts:

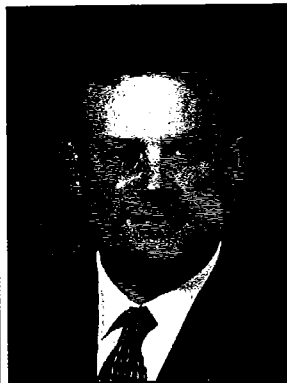
Wisconsin State Legislature

Wisconsin State
Senate

Wisconsin State
Assembly



Senate District 21
Senator John Lehman
(608) 266-1832
Email Senator John
Lehman



Assembly District 62
Representative Cory
Mason
(608) 266-0634
Email Representative
Cory Mason

Please include your mailing address in your email to your legislator.

US Congress

US House of
Representatives

US Senate

US Congressional
District 1
US Representative
Paul Ryan

Senator Russ
Feingold
and
Senator Herb Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT C 10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Emil H. Zunker</i>	567 W 12477 Larkspur Rd, Muskego	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego WI	7/12/10
2. <i>Beverly Zunker</i>	867 W 12477 Larkspur Muskego WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/12/10
3. <i>Elaine Beckner</i>	568 W 12502 Woods Rd Muskego WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7-12-10
4. <i>Steve Beckner</i>	568 W 12502 Woods Rd Muskego WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7-12-10
5. <i>Richard Beckner</i>	568 W 12502 Woods Rd Muskego WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7-12-10
6. <i>John Beckner</i>	568 W 12502 Woods Rd Muskego WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7-12-10
7. <i>Marlyn Robertson</i>	567 W 12559 Larkspur Rd. Muskego 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/12/10
8. <i>David Kardich</i>	581 W 19410 Highland Park Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/12/10
9. <i>St. Joff</i>	581 W 19410 Highland Park Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7-12-10
10. <i>Elizabeth Leahy</i>	31181st School Dr. Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7.12.10

I, THOMAS L. RALSTON, certify:
(Name of circulator)
 I reside at 581 W 19386 HIGHLAND PARK DR. MUSKEGO, WI 53150
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10

(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT D 10

Candidate's name, no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route), and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>[Signature]</i>	5512 60th St Apt #305 Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2. <i>[Signature]</i>	6031 69th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>[Signature]</i>	6722 59th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10
4. <i>[Signature]</i>	2300 38th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
5. <i>[Signature]</i>	5502 60th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
6. <i>[Signature]</i>	7627 16th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
7. <i>[Signature]</i>	6707 29th Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. <i>[Signature]</i>	6360 88th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. <i>[Signature]</i>	7817 29th Ave KENOSHA WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10
10. <i>[Signature]</i>	6322 73rd St #103 Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10

I, Steven Herr CERTIFICATION OF CIRCULATOR, certify:
(Name of circulator)
I reside at 7918 60th Ave #201 Kenosha WI 53142
(Circulator's residence - Include number, street, and municipality.)
I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.
7/12/10

(Date)

(Signature of circulator)



6300 88th Ave

Kenosha, WI 53142-8138

This district determination is based
on the most recent geographic
data available for this address.

This address was matched to a
Street Address, the center of which
is located in the following
legislative districts:

Wisconsin State Legislature

Wisconsin State
Senate

Wisconsin State
Assembly



Senate District 22
Senator Robert Wirth
(608) 267-8979
Email Senator Robert
Wirth



Assembly District 66
Representative
Samantha Kerkman
(608) 266-2530
Email Representative
Samantha Kerkman

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US Senate

US
Congressional
District 1
US
Representative
Paul Ryan

Senator Russ
Feingold
and
Senator Herb
Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT 10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Nancy Padgett</i>	5258 5215 58th Ave Kenosha W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
2. <i>Debbie Bindell</i>	7526-60th Street Kenosha WI 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
3. <i>John M. Hanson</i>	7025-63 Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
4. <i>Beverly Sicker</i>	8325 Sheridan Rd Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
5. <i>Babette Miller</i>	5415 64th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
6. <i>Kathy H.</i>	5614 6th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
7. <i>Mike K.</i>	6342 26 Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. <i>Joely Polyn</i>	5810-57th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. <i>Joseph V. Chocs</i>	7011 60th Ave Apt 201 Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. <i>[Signature]</i>	6520 6th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

CERTIFICATION OF CIRCULATOR

I, Steven Herr, certify:
I reside at 7918 60th Ave #201 Kenosha, WI 53142
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

7/12/10
SHH

(Signature of circulator)

Page No. 36



7526 60th St

Kenosha, WI 53144-7863

This district determination is based
on the most recent geographic
data available for this address.

This address was matched to a
Street Address, the center of which
is located in the following
legislative districts:

Wisconsin State Legislature

Wisconsin State
Senate

Wisconsin State
Assembly



Senate District 22
Senator Robert Wirth
(608) 267-8979
Email Senator Robert
Wirth



Assembly District 66
Representative
Samantha Kerkman
(608) 266-2530
Email Representative
Samantha Kerkman

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US Senate

US
Congressional
District 1
US
Representative
Paul Ryan

Senator Russ
Feingold
and
Senator Herb
Kohl

EXHIBIT 10

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Richard Schuler</i>	7621 16th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
2. <i>Jeanne Schneider</i>	7621 16th Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
3. <i>Allan Jackson</i>	3722 22 Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
4. <i>Denise Jackson</i>	3722 22 Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
5. <i>Ynnifer Blufey</i>	5405 41st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
6. <i>Edward Bagley</i>	5405 41 ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
7. <i>John Lopez</i>	6735 26th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
8. <i>Paul Acker</i>	1389 30th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
9. <i>Mike Schuler</i>	6310 43rd St Unit 94	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	7/11/10
10. <i>Marie Patricia Pire Schuler</i>	6310 43rd St #94	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	7/11/10

I, Marian Rothstey, certify:
(Name of circulator)
I reside at 6003 7th Ave Kenosha, WI 53143
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/10
(Date)

Marian Rothstey
(Signature of circulator)

EXHIBIT Y



6310 43rd street
WI

This address could not be found
as a standard postal address.
Click the back button on your
browser to try again, or Click here
for advice on entering an address

Wisconsin State Legislature

Wisconsin State Senate	Wisconsin State Assembly
Unknown	Unknown

Please include your mailing
address in your email to your
legislator.

US Congress

US House of Representatives	US Senate
--------------------------------	-----------

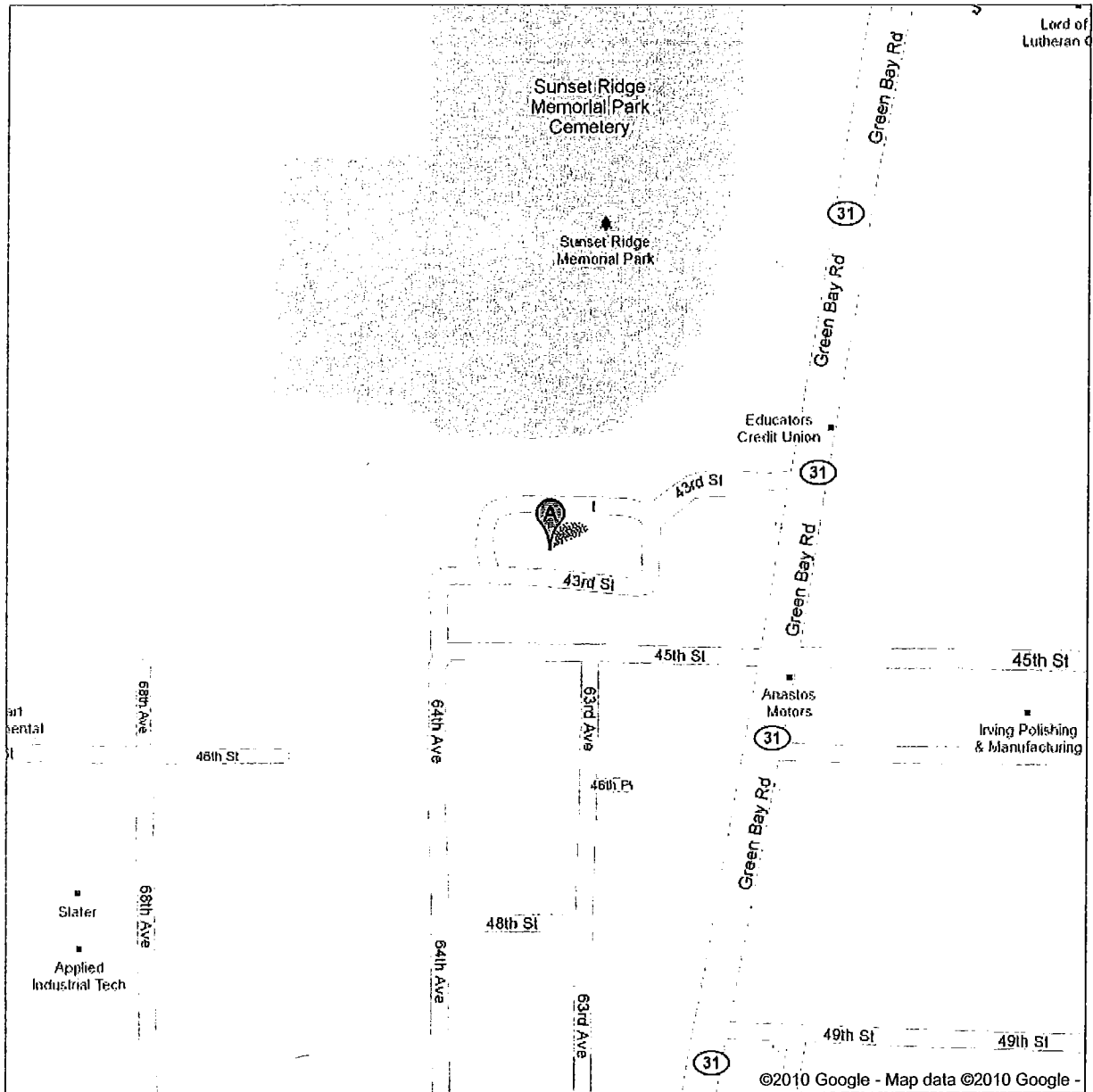
US Congressional District Unknown	Senator Russ Feingold and Senator Herb Kohl
--	---

Google maps

Address 6310 43rd St
Kenosha, WI 53144

EXHIBIT

Get Google Maps on your phone
Text the word "GMAPS" to 466453



NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT 6

9

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Alberta Callahan</i>	<i>6033 34th Ave Kenosha, WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
2. <i>Dorothy J Nelson</i>	<i>6535-62 Ave Kenosha, WI 53142</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
3. <i>Jean Morgan</i>	<i>4107 45th Ave Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
4. <i>John J. [Signature]</i>	<i>5913 Pershams Kenosha, WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
5. <i>[Signature]</i>	<i>1434 8th Avenue Kenosha 6523-1</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
6. <i>[Signature]</i>	<i>6523-17 AVE Kenosha 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
7. <i>[Signature]</i>	<i>1402 57th St Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
8. <i>[Signature]</i>	<i>1402 57th St Kenosha, WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
9. <i>[Signature]</i>	<i>2105 79th Street</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
10. <i>[Signature]</i>	<i>4720 20th AVE Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>

CERTIFICATION OF CIRCULATOR

I, **Norman Siler**, certify:

(Name of circulator)

I reside at **3712 11th Avenue, city of Kenosha WI 53140**

(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 12, 2010

(Date)

Norman Siler

(Signature of circulator)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:
Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<http://gab.wi.gov> Email: gab@wi.gov

Page No.

81

EXHIBIT 6



6535 62nd Ave

Kenosha, WI 53142-2907

This district determination is based
on the most recent geographic
data available for this address.

This address was matched to a
Street Address, the center of which
is located in the following
legislative districts:

Wisconsin State Legislature

Wisconsin State
Senate

Wisconsin State
Assembly



Senate District 22
Senator Robert Wirth
(608) 267-8979
Email Senator Robert
Wirth



Assembly District 66
Representative
Samantha Kerkman
(608) 266-2530
Email Representative
Samantha Kerkman

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US Senate

US
Congressional
District 1

Senator Russ
Feingold
and

US
Representative
Paul Ryan

Senator Herb
Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT ~~W~~ 3

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Cheri E Ertl</i>	<i>3521 Pleasant Lane Racine, WI 53405</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	<i>7/12/10</i>
2. <i>Edward Dunderman</i>	<i>11515 - 2nd #83 Sturtevant, WI 53117</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SOMERS	<i>7/12/10</i>
3. <i>[Signature]</i>	<i>4018 102 Apt Washington Apt. 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	<i>7-12-10</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Norman Siker* CERTIFICATION OF CIRCULATOR _____, certify:
(Name of circulator)

I reside at *3712 11th Ave, c-dy of Kenosha*
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

12 July 2010 *[Signature]*
(Signature of circulator)

EXHIBIT #



11515 1st St

Sturtevant, WI 53177-3300

This district determination is based
on the most recent geographic
data available for this address.

This address was matched to a
Street Address, the center of which
is located in the following
legislative districts:

Wisconsin State Legislature

Wisconsin State
Senate

Wisconsin State
Assembly



Senate District 22
Senator Robert Wirsch
(608) 267-8979
Email Senator Robert
Wirsch



Assembly District 66
Representative
Samantha Kerkman
(608) 266-2530
Email Representative
Samantha Kerkman

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US Senate

US
Congressional
District 1
US
Representative
Paul Ryan

Senator Russ
Feingold
and
Senator Herb
Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT I

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Barbara Krueger</i>	1908-28th St. Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
2. <i>Clyde Monroe</i>	5422 Wash Rd Apt 105 Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>Ashley Sullivan</i>	1093 Sheridan Rd Apt 11 Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. <i>Karen Nelson</i>	8700 11th St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
5. <i>Anna Holmes</i>	4243-110th St Pleasant Pr 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant	7-12-10
6. <i>Jessica Krubs</i>	4502-45th Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
7. <i>Angelia Sanchez</i>	1914 60th Ave #101 Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. <i>Pat Graham</i>	4324 9th Ave PP WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	7/12/10
9. <i>Martha Smith</i>	3724-27th St Kenosha, WI 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
10. <i>Jacob Guntz</i>	7301 5th Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10

CERTIFICATION OF CIRCULATOR

I, **Norman Siler**, certify:

(Name of circulator)

I reside at **3712 11th Avenue, city of Kenosha WI 53140**

(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 12, 2010

(Date)

Norman Siler

(Signature of circulator)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:
Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<http://gab.wi.gov> Email: gab@wi.gov

Page No.

80



11324 9th Ave

Pleasant Prairie, WI 53158-5233

This district determination is based
on the most recent geographic data
available for this address.

This address was matched to a
Street Address, the center of which is
located in the following legislative
districts:

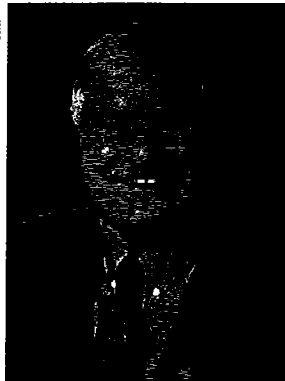
Wisconsin State Legislature

Wisconsin State
Senate



Senate District 22
Senator Robert Wirth
(608) 267-8979
Email Senator Robert
Wirth

Wisconsin State
Assembly



Assembly District 65
Representative John
Steinbrink
(608) 266-0455
Email Representative
John Steinbrink

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US Congressional
District 1
US Representative
Paul Ryan

US Senate

Senator Russ
Feingold
and
Senator Herb Kohl

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT J 10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Jeffery T. Sprague</i>	917 Grove Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
2. <i>Paul Kassa</i>	66 Oregon St Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
3. <i>Luis Beatty</i>	66 Oregon St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
4. <i>Tom Christman</i>	6525 In. Ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
5. <i>Tom Koffman</i>	4045 LAKEVIEW	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7-12-10
6. <i>Mary Kristzonas</i>	3600 Spruce St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
7. <i>AL ROSZKOWSKI</i>	4233 DANBURY LN.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT RACINE	7/12/10
8. <i>Matthew Boese</i>	2025 Ran Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
9. <i>Joan Dole</i>	1922 Cleveland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
10. <i>James Lelund</i>	5353 LATHROP AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7/12/10

I, John Heckenlively, CERTIFICATION OF CIRCULATOR, certify:

I reside at 410 Seventh St #2 Racine WI 53403
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by: Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<http://gab.wi.gov> Email: gab@wi.gov

Page No.

87

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT K10

Candidate's name; no titles may be used. John Heckenlively			Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party	
Title of office US Representative			District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Howard K Fogt</i>	<i>2508 GENEVA ST RACINE, WISC</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
2. <i>Karen Running</i>	<i>2118 KASLOE ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7-10-10</i>
3. <i>John Willey</i>	<i>5027 Erie St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7-10-10</i>
4. <i>St R (W)</i>	<i>3422 McArthur Pl</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>ELMWOOD PARK</i> <input type="checkbox"/> City	<i>7-10-10</i>
5. <i>Mr. Gary Howell</i>	<i>1024 MAIN ST APT 310</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7/10/10</i>
6. <i>Kathleen J Clouthier</i>	<i>3422 McArthur Pl</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Elmwood Park</i> <input type="checkbox"/> City	<i>7-10-10</i>
7. <i>Herbert Newkirk</i>	<i>2837 Kentucky St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Redacted]</i>	<i>7-10-10</i>
8. <i>Patricia Smith</i>	<i>1914 Cleveland Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>[Redacted]</i>	<i>7-10-10</i>
9. <i>Mary Kay Friedel</i>	<i>1102 Monroe Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
10. <i>Tony Friedel</i>	<i>1102 Monroe Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>

I, John Heckenlively, certify:
(Name of circulator)

I reside at 410 Seventh Street #2 Racine WI 53403
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/10/2010 (Date)

John Heckenlively (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT L 0

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Rollin Pizzola</i> <i>Hollen Pizzola</i>	<i>5303 43rd Ave</i> <i>Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
2. <i>Judith Reynolds</i>	<i>(Signature)</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>(Signature)</i>	<i>(Signature)</i>
3. <i>Judith Reynolds</i>	<i>7509-57th Ave 204</i> <i>Kenosha WI 53145</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/2008</i>
4. <i>Evelyn Pizzola</i>	<i>5303-43 Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/2010</i>
5. <i>Judy Erb</i>	<i>1375 Elrod Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/2010</i>
6. <i>Karen J. Erb</i>	<i>204 W North St.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>7/11/2010</i>
7. <i>David Wers</i>	<i>21000 15th St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Union Grove</i>	<i>7/11/10</i>
8. <i>William P. Pizzola</i>	<i>4220-89 Pl.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
9. <i>Monica</i>	<i>25324 86 Pl</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Salem</i>	<i>7/11/10</i>
10. <i>John P. Erb</i>	<i>15984</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>

CERTIFICATION OF CIRCULATOR

I, Karen Erb, certify:

I reside at 204 W. North St. Silver Lake, WI 53170
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-11-10

Karen J. Erb
 (Signature of circulator)

(Date)

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT M⁸

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Marlene Durish</i>	<i>932 Racine Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>07-12-2010</i>
2. <i>Mr. Paulowitz</i>	<i>Washington Ave Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12-2010</i>
3. <i>Joan Tuckner</i>	<i>Newman Rd 628</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-2010</i>
4. <i>Sarah Bishop</i>	<i>4814 Kinzie</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-2010</i>
5. <i>Robert Dean</i>	<i>4720 Bryd Ave 320</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
6. <i>[Signature]</i>	<i>1636 Franklin St Racine WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-2010</i>
7. <i>James Carl</i>	<i>6601 Washington Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-2010</i>
8. <i>Mary Braden</i>	<i>5215 Sundermann Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-2010</i>
9. <i>Whitney Brum</i>	<i>289 Blake Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
10. <i>Robert Corley</i>	<i>5612 Castle Ct #102 Racine WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine WI</i>	<i>7-12-10</i>

CERTIFICATION OF CIRCULATOR

I, Colin McKenna, certify:

(Name of circulator)

I reside at 724 Crabtree Lane Racine 53406

(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-2010

Colin McKenna

(Date)

(Signature of circulator)

GAB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<http://gab.wi.gov> Email: gab@wi.gov

Page No.

70

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT N 9

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative			District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Steven Sward</i>	<i>26810 16th Street</i>	<input checked="" type="checkbox"/> Town <i>Salem</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>Trevor</i>	<i>7/12/2010</i>
2. <i>Asha Kerster</i>	<i>4721 18th Ave Kenosha, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-2010</i>
3. <i>Lauren Larson</i>	<i>7200 26th Ave Kenosha, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/2010</i>
4. <i>Donna Preston</i>	<i>1503 8th Ave Kenosha, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
5. <i>John DePetro</i>	<i>1200 BRUFF RACINE WISC</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7/12</i>
6. <i>David L. Conwell</i>	<i>7809-39 Ave Kenosha, WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
7. <i>John L. Larson</i>	<i>PO BOX 520 Kampersville</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Dover</i>	<i>7/12</i>
8. <i>Jessi Beech</i>	<i>6920 31st Ave Low Kenosha WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
9. <i>[Signature]</i>	<i>7111 104th Ave Unit A Kenosha, WI, 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
10. <i>Murphy Hoabs</i>	<i>1903 18th Ave Kenosha, WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>

I, **Norman Siler**, certify:
(Name of circulator)
 I reside at **3712 11th Avenue, city of Kenosha WI 53140**
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under 512.13(3)(a), Wis. Stats.

July 12, 2010

(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT 04

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Dorothy Bizzle</i>	818 St. Patrick St. Racine WI 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-13-10
2. <i>Samuel Walker</i>	818 St. Patrick St. Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-13-10
3. <i>Paula J. Leonardowski</i>	716 Grove 2123 St. Clair St. Racine, WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-13-10
4. <i>Virginia Atwell</i>	5219 Lindenman Ave Racine, WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-13-10
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

Kenneth J. Yorgan, D.C. (Name of circulator) _____, certify:
reside at 2118 Summit Ave. Racine, WI 53404
(Circulator's residence - Include number, street, and municipality.)

personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-13-2010

(Date)

Kenneth J. Yorgan D.C.
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT P 9

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Albert Calderon</i>	<i>2416 S. 5TH ST 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
2. <i>Chas R. Allen</i>	<i>7725 15th Avenue Kenosha WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-19-10</i>
3. <i>Engle</i>	<i>5111 32nd St. Kenosha, WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
4. <i>Michael Feathergill</i>	<i>Kenosha 60TH AVE 39 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
5. <i>32</i>	<i>6532 115th Ave Kenosha WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
6. <i>Alan Ryan</i>	<i>202 E Oak St Silver Lake, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
7. <i>Chas R. Allen</i>	<i>7820 15th Ave Kenosha WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
8. <i>Richard</i>	<i>4015 Grant Kenosha 53142</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/2/10</i>
9. <i>Donny Szygalski</i>	<i>1513 MARYLAND RACINE WI 53403</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>7/12/10</i>
10. <i>Chas R. Allen</i>	<i>3828 39th Ave KENOSHA, WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>

CERTIFICATION OF CIRCULATOR

I, **Norman Siler**, certify:

(Name of circulator)

I reside at **3712 11th Avenue, city of Kenosha WI 53140**

(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 12, 2010

(Date)

Norman Siler

(Signature of circulator)



kenosh 50th St 39
WI 53142

**The address
information
supplied
could only be
matched to a
ZIP code
area.**

These areas frequently overlap multiple districts. For better results, enter a whole street address or look up your legislator by municipality.

This district determination is based on the most recent geographic data available for this address.

This address was matched to a 5 digit zip code area, the center of which is located in the following legislative districts:

Wisconsin State Legislature

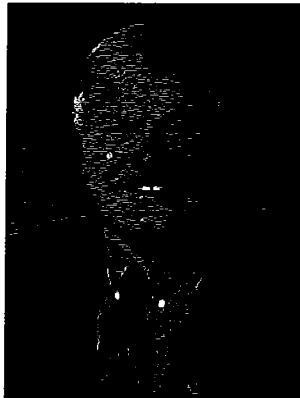
Wisconsin State
Senate

Wisconsin State
Assembly

EXHIBIT P



Senate District 22
Senator Robert Wirch
(608) 267-8979
Email Senator Robert
Wirch



Assembly District 65
Representative John
Steinbrink
(608) 266-0455
Email Representative
John Steinbrink

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US
Congressional
District 1
US
Representative
Paul Ryan

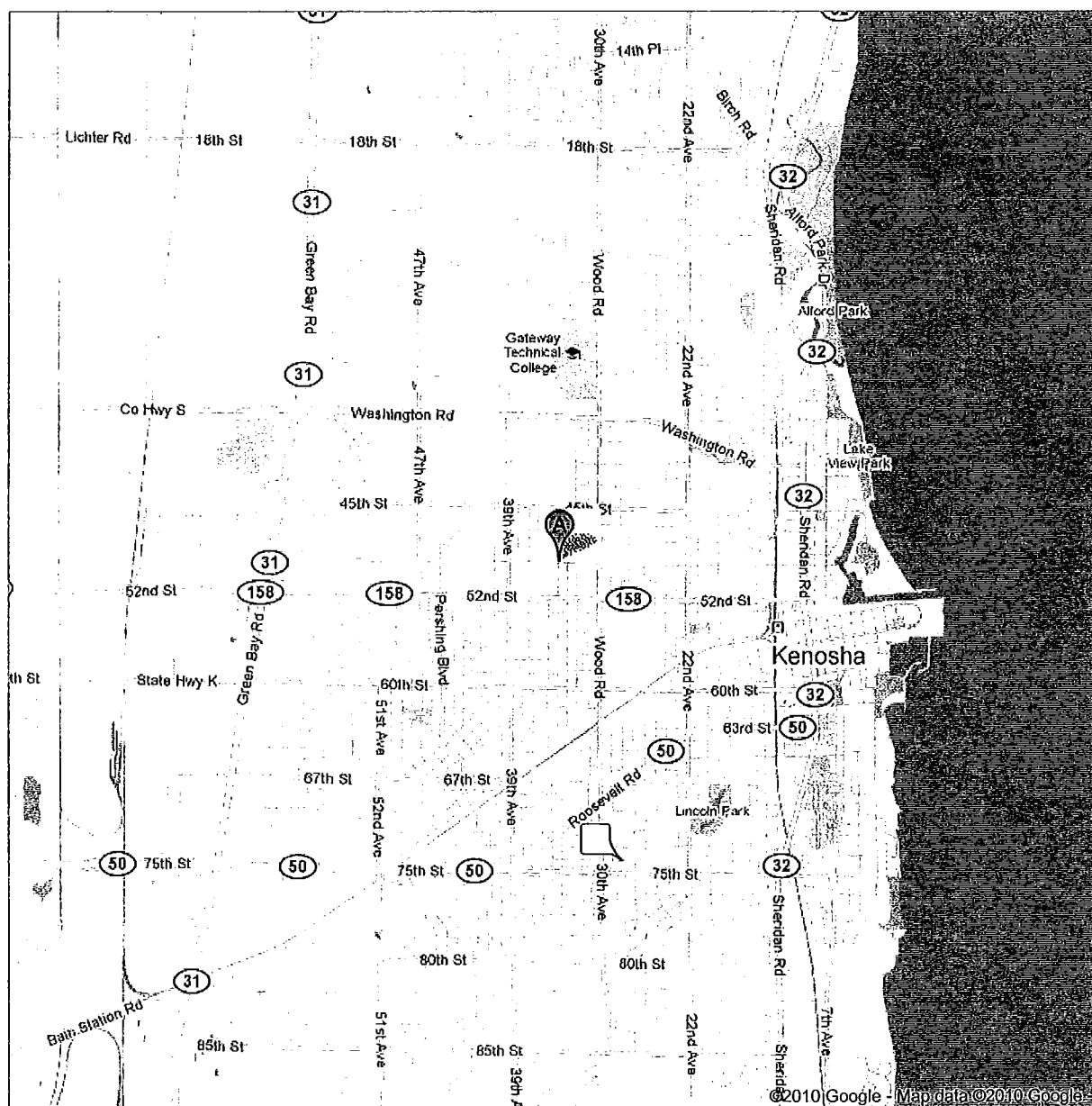
US Senate

Senator Russ
Feingold
and
Senator Herb
Kohl

EXHIBIT P

Address **50th St**
Kenosha, WI

Text the word "GMAPS" to 466453

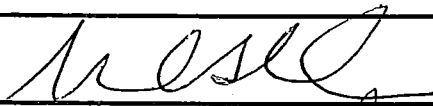
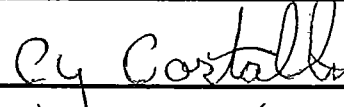
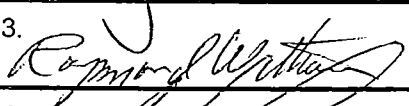
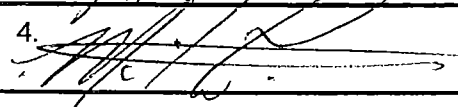
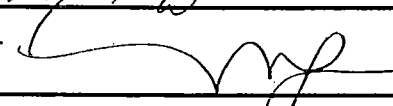
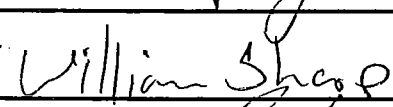
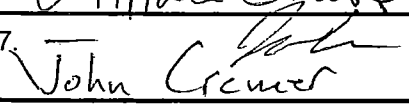
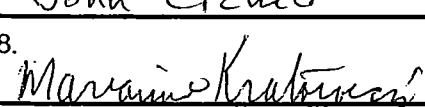
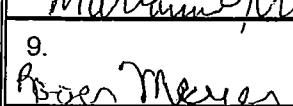
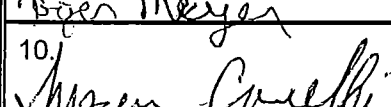


NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT 90

Candidate's name; no titles may be used. John Heckenlively			Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party	
Title of office US Representative			District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. 	1110 - 67th Street Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/13/10
2. 	4835 5th Ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/13/10
3. 	2312 - 63rd St. #305 Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/13/10
4. 	6301 238th Ave Salem WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Doddock Lake	7/13/10
5. 	P.O. Box 95 Somers, WI 53171	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/13/10
6. 	3102 3 mile rd Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/13/10
7. 	3102 3 mile rd Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/13/10
8. 	3720 14 Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/13/10
9. 	1920 - 27th Ave #103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/13/10
10. 	1822 - 25th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/13/10

I, Stephen Butts, certify:
(Name of circulator)
 I reside at 6003 7th Ave Kenosha WI 53143
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

7-13-2010

(Signature of circulator)

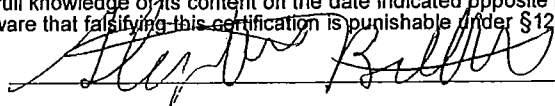


EXHIBIT Q



PO Box 95
Somers, WI 53171-0095

**The address
information
supplied
could only be
matched to a
ZIP code
area.**

These areas frequently overlap multiple districts. For better results, enter a whole street address or look up your legislator by municipality.

This district determination is based on the most recent geographic data available for this address. This address was matched to a 5 digit zip code area, the center of which is located in the following legislative districts:

Wisconsin State Legislature

Wisconsin State
Senate

Wisconsin State
Assembly

EXHIBIT Q



Senate District 22
Senator Robert Wirch
(608) 267-8979
Email Senator Robert
Wirch



Assembly District 66
Representative
Samantha Kerkman
(608) 266-2530
Email Representative
Samantha Kerkman

Please include your mailing address in your
email to your legislator.

US Congress

US House of
Representatives

US
Congressional
District 1
US
Representative
Paul Ryan

US Senate

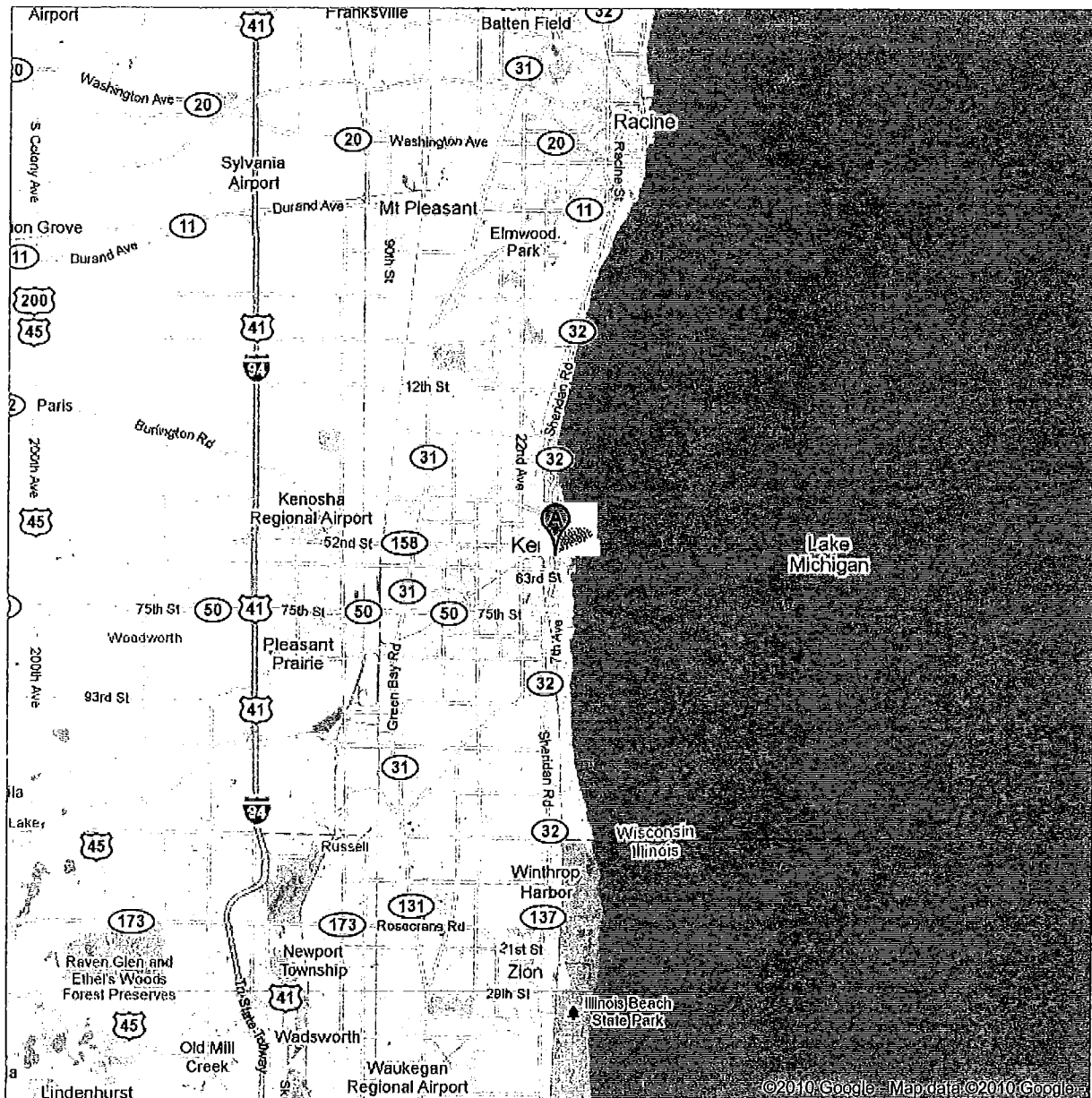
Senator Russ
Feingold
and
Senator Herb
Kohl

EXHIBIT Q

Google maps Address Kenosha, WI

Get Google Maps on your phone

Text the word "GMAPS" to 466453



NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT R 10

Candidate's name; no titles may be used. John Heckenlively			Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2			Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine		
Name of municipality for mailing purposes Racine		State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party		
Title of office US Representative			District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____			Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional		

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Dorene Langlois</i>	1706 Quincy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
2. <i>George A. W.</i>	1646 Fleth Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
3. <i>[Signature]</i>	2617 16 Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
4. <i>Kristen Nelson</i>	2617 16th Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-10-10
5. <i>Lizka Hopfer</i>	1638 Villa St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
6. <i>Scott A. Phil</i>	1630 Villa St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
7. <i>Kandy Nelson</i>	1621 Villa St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/10/10
8. <i>Pete C. KD</i>	3812 ST. CLAIR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/11/10
9. <i>Michael Bove</i>	1626 Villa St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
10. <i>Dan Miller</i>	1832 Villa St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10

I, *Graine Marie Kinch* **Kinch**, certify:
(Name of circulator)
 I reside at *1638 Villa St* **Racine WI 53403**
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 10, 2010 (Date) *Graine Marie Kinch* (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT S 10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Elizabeth Bell</i>	5308 88th St. Pl. Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7/11/10
2. <i>Doreen Steiner</i>	3808 Wyomere way Racine WI 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7/11/10
3. <i>Mary Ann Miller</i>	2212 Taylor Ave Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
4. <i>William W.</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
5. <i>Shirley Blum</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
6. <i>Sherry L. Conn.</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
7. <i>Chudrey L. Mue</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
8. <i>Terrence Allyn</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
9. <i>JOHN CORVELEY</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	7/12/10
10. <i>Jeff V. Dr.</i>	111 Frontier Dr Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	7/12/10

CERTIFICATION OF CIRCULATOR

I, John Heckenlively, certify:

I reside at 410 Seventh Street #2, Racine WI 53403
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/2010
(Date)

John Heckenlively
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT T-1

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Mona V. ...</i>	<i>2900 Dwight Ave. Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	<i>[Signature]</i>
2. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
3. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
4. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
5. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
6. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

EXHIBIT
T

I, John Heckenlively (Name of circulator)
I reside at 410 Seventh Street, Racine WI 53403
(Circulator's residence - Include number, street, and municipality.)
I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.
2-13-2010 (Date)
[Signature] (Signature of circulator)

WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
NATHANIEL E ROBINSON, ELECTIONS DIVISION ADMINISTRATOR
212 EAST WASHINGTON AVE 3RD FLOOR
PO BOX 7984
MADISON, WI 53707--798
(608) 261-2028

Candidate ID # :
JOHN HECKENLIVELY
410 SEVENTH STREET APT 2
RACINE, WI 53403

This is to acknowledge receipt for the nomination papers of
JOHN HECKENLIVELY
FOR THE OFFICE OF CONGRESSIONAL - DISTRICT 1

September Partisan Primary - Governor to be held September 14th, 2010

Party Affiliation: Democratic

Nomination Papers filed July 13th, 2010

Declaration of Candidacy filed July 13th, 2010

Statement of Economic Interest filed (Not Filed)

Number of Valid Signatures: 853

*Insufficient
Please refile on
before 4:30
7/16/10
DL*

This is number of valid signatures determined by the Government Accountability Board staff. This number is subject to challenge within 3 business days following the deadline for filing nomination papers.

Verified By

Dave Lave

Date: July 13th, 2010

No Municipality in Certification

Pages 55 – 63, 65-67, 69 **126** repairable signatures.
Colin McKenna

No year in elector date

R. Gray Betzer	Pages 117 & 118	18 signatures
Stephen Butz	page 107	10 signatures
Michael Goebel	Page 9	9 signatures
Frances Kavenik	Page 105	9 signatures

46

Diane M. Lowe
Lead Elections Specialist, CERA
Government Accountability Board, Elections Division
P.O. Box 7984
Madison, WI 53707-7984
Phone: 608-266-3276
Fax: 608-267-0500
Email: diane.lowe@wisconsin.gov
<http://gab.wi.gov>

HAND DELIVERED

FOR OFFICE USE ONLY

DECLARATION OF CANDIDACY

(See instructions for preparation on back)

Is this an amendment? ☐ Yes ☒ No

I, John Heckenlively, being duly sworn, state that
(Candidate's name)

I am a candidate for the office of US Representative, Wisconsin 1
(Official name of office - Include district, branch or seat number)

representing the Democratic Party
(Name of political party or statement of principle - five words or less)

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned.¹

My present municipality of residence for voting purposes is:

410 Seventh Street #2, Racine, Wisconsin 53403

(Candidate's address for voting purposes - Include the number, street, and municipality where the candidate resides.)

My name as I wish it to appear on the official ballot is as follows:

John Heckenlively

(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

John Heckenlively
(Signature of candidate)

STATE OF WISCONSIN)
County of DANE) ss.
(County of notarization)

Subscribed and sworn to before me this 13th day of July, 2010.

Steph Gruber
(Signature of person authorized to administer oaths)

NOTARY SEAL
NOT REQUIRED

My commission expires 3/25/10 or ☐ is permanent.

☒ Notary Public or _____
(Official title if not a notary)

GAB-162 (Rev. 7/2009) The information on this form is required by §8.21, Stats., Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. §§8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 120.06 (6)(b), Wis. Stats.

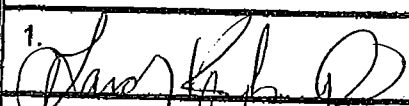

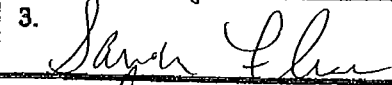

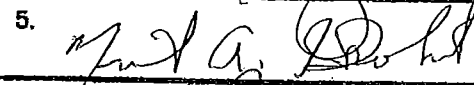





This form is prescribed by the GOVERNMENT ACCOUNTABILITY BOARD, 212 East Washington Avenue, 3rd Floor, P.O. Box 7984, Madison, WI 53707-7984

1 A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which

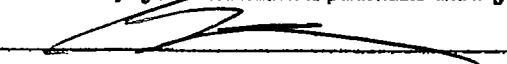
NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. 	6520 60th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2. 	8740-36 Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
3. 	5722-47 Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. 	8355 57th Avenue Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
5. 	6738 58th Ave KENOSHA WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10
6. 	8382-60th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant Pr	7/12/10
7. 	8759 18th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant Pr	7/12/10
8. 	5021-25th Ave. KENOSHA, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10
9. 	60905-55th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. 	5603 Peeshaw BCW Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

I, Steven Herr, (Name of circulator) certify:
 I reside at 7918 60th Ave Apt 201 Kenosha WI 53142
(Circulator's residence - Include number, street, and municipality.)
 I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.
 Date: 7/12/10


 (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Brendy Bui</i>	<i>8340 Old Spring St Racine WI 53406</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>St Pleasant</i>	<i>7/12/10</i>
2. <i>Nicky Booker</i>	<i>4966 SPAIN Ave Racine Wisc.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
3. <i>Angela Gonzales</i>	<i>2118 1/2 Clarence Ave. Racine, WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
4. <i>Jim Fiveth</i>	<i>1525 Quincy</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12</i>
5. <i>Mark Brown</i>	<i>1242 Main</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kauai</i>	<i>7/12</i>
6. <i>Tammy Spranger</i>	<i>912 Grove Ave Racine 53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12</i>
7. <i>Don Summer</i>	<i>5815 16th St Racine 53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
8. <i>Don Miller</i>	<i>2018 N. Wisconsin Racine 53402</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
9. <i>David F. Miller</i>	<i>4602 17th Street Racine Wisc.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
10. <i>Lisa Sanchez</i>	<i>1422 W. Lorraine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>

I, John Heckenlively CERTIFICATION OF CIRCULATOR, certify:

I reside at 410 Seventh Street #2, Racine WI 53403
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-2010

(Date)

John Heckenlively

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

8

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Erica Heid Hollmann</i>	320 75th St Kenosha 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2. <i>Cynthia Ames</i>	1027 52nd St Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>KATHY PEPKA</i>	7217 5TH Ave Kenosha 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. <i>John K. Hughes</i>	2537 Lincoln Rd Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
5. <i>MATT MITOLA</i>	4476 HARRISON RD KENOSHA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12
6. <i>John Brimley</i>	4470 Harrison Rd Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12
7. <i>Julia Gonzales</i>	3244 Hickory Grove Racine 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/12/10
8. <i>Glenn S.</i>	5703 36th Ave Kenosha 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. <i>Tie Ehen</i>	3533 Riverbend Dr. Racine, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	53404
10. <i>Jane Brand</i>	6338-162 Ave Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	53142

I, **Norman Siler**, (Name of circulator) _____, certify:
 I reside at **3712 11th Avenue, city of Kenosha WI 53140**
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 12, 2010

(Date)

Norman Siler

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

5

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Brenda Andrews</i>	<i>1636 Villa St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/14/10</i>
2. <i>[Signature]</i>	<i>1700 Villa St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/17/10</i>
3. <i>[Signature]</i>	<i>1736 Park Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
4. <i>Beverly Halbe</i>	<i>1736 Park Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
5. <i>[Signature]</i>	<i>522 16th St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Blaine Morce* **CERTIFICATION OF CIRCULATOR** *Kinch* certify: *Kinch*
 I reside at *1638 Villa St Racine WI 53403*
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.
July 11-12 2010 *Blaine Kinch*
(Date) (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. John Heckenlively			Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party	
Title of office US Representative			District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURE OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.	4499 - 68th Pl. Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City P. Kenosha	7-12-10
2.	7944 - 44th Ave KENOSHA WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7-12-10
3.	5517 615 KENOSHA WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7-12-10
4.	Kenosha WI 7018 43rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
5.	6619 33rd Ave Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
6.	5411 89th Street Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
7.	3514 50th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
8.	6912 53rd St Unit 47 Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
9.	6810 - 57th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10.	7011 - 60th Ave Kenosha 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

CERTIFICATION OF CIRCULATOR

I, Steven Men, certify:
 I reside at 7918 80th Ave #201 Kenosha, WI 53142
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10
(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. John Heckenlively			Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party	
Title of office US Representative			District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Marvin H. Letten</i>	4341 GREENBRIAR LAKE RACINE, WI 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7/12/2010
2. <i>John Letten</i>	708 Orchard St Racine, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	7/12/2010
3. <i>Cory Mason</i>	3611 Kinzie Avenue Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/2010
4. <i>John Mason</i>	141 MAIN ST #339	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
5. <i>Rosemary Mason</i>	3657 92nd Place Sturtevant WI 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	7/14/10
6. <i>Marcia Colsmith</i>	1115 43rd St. Caledonia, WI 53108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	7-12-10
7. <i>John Colsmith</i>	1115 43rd St. Caledonia, WI 53108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	7/12/10
8. <i>Ned Murphy</i>	5718 WILDWOOD DR RACINE WI 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7/12/10
9. <i>Hutchen Neubauer</i>	1145 Main street Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
10. <i>Raymond Westlake</i>	2706 Oriana Ave Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10

I, MARGARET ANDRIETSC, certify:

I reside at 7100 MARINER DR (Name of circulator)
RACINE WI
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/2010

Margaret Andrietsch
 (Signature of circulator)

(Date)

10

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>John Doe</i>	1047 Villa Street Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-10-2010
2. <i>Celeste White</i>	1640 Villa Street Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-10-2010
3. <i>Gene Kunch</i>	1638 Villa St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-10-2010
4. <i>Edward Wozniak</i>	1638 VILLA ST RACINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/10/10
5. <i>Cheri Walquist</i>	2432 Webster St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-10-10
6. <i>Jessica Beauchamp</i>	2432 webster st.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine.	7/10/10.
7. <i>Candi McDonough</i>	1233 Round Table Dr. Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/10/10
8. <i>John Doe</i>	1233 ROUNDTABLE DR RACINE WI. 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7-10-10
9. <i>Scott Walquist</i>	2432 WEBSTER ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7-10-10
10. <i>Mark Smith</i>	1706 Quincy Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-10-10

I, Glenn Marie Kinch (Name of circulator)
I reside at 1638 Villa St Racine WI 53403
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 10 2010 (Date)
Glenn Marie Kinch (Signature of circulator)

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1.	4707-5th AVE KENOSHIA, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
2.	4707 5th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
3.	5406 2nd Ave 3B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
4.	5410 2ND AV 3A Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/11/10
5.	5410 2nd Ave 3A Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
6.	5410 2nd Ave 2A Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
7. Sally A. Rullman	5410 2nd Ave 2A Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
8.	307 B 55th St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
9. Kevin Poirier	307 B 55th St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
10.	323A 55th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-11-10

I, Rob Zerbain (Name of circulator), certify:
I reside at 5406 2nd Ave 3B Kenosha WI 53140
(Circulator's residence - Include number, street, and municipality.)
I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.
7/11/10 (Date)
 (Signature of circulator)

Candidate's name; no titles may be used.
John Heckenlively

Street, fire, or rural route number; box number (if rural route); and name of street or road
410 Seventh Street #2

Name of municipality for voting purposes
☐ Town
☐ Village
☒ City
Racine

Name of municipality for mailing purposes
Racine

State
WI

zip code
53403

Type of election
☒ general
☒ special

Election date
November 2

Name of Party or Statement of Principle (5 words or less)
Democratic Party

Title of office
US Representative

District or Jurisdiction
☒ District number **1**
☐ Jurisdiction (county)

Name of jurisdiction or district in which candidate seeks office
Wisconsin, 1st Congressional

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. Crystal Abhalter	5406 2nd Ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
2. Robert Zerban	5406 2nd Ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
3. Bruce Riser	313 54th St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. Jan Riser	313 54th St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
5. Sara Storge	320A 55th St Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
6. Ann J. Miller	320 B 55th St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
7. J. Mosley	320A 55th St Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. Marnie A. Meyer	214 B - 55th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. Gary B. Breyer	212 B 55th St. Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. Kimberly Zucker	206A 55th St. Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

CERTIFICATION OF CIRCULATOR:

I, Robert Zerban, certify:
(Name of circulator)
I reside at 5406 2nd Ave 3B Kenosha WI 53140
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10

(Date)

Robert Zerban
(Signature of circulator)

Candidate's name; no titles may be used.
John Heckenlively

Street, fire, or rural route number, box number (if rural route); and name of street or road
410 Seventh Street #2

Name of municipality for voting purposes
☐ Town
☐ Village
☒ City
Racine

Name of municipality for mailing purposes
Racine

State
WI

zip code
53403

Type of election
☒ general
☒ special

Election date
November 2

Name of Party or Statement of Principle (5 words or less)
Democratic Party

Title of office
US Representative

District or Jurisdiction
☒ District number **1**
☐ Jurisdiction (county)

Name of jurisdiction or district in which candidate seeks office
Wisconsin, 1st Congressional

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1.	5926 3RD AV Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2.	6004-3rd Avenue Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
3.	6028 3rd ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4.	6518 Third Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
5.	6518 Third Ave Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
6.	6502 Third Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	12 July 10
7.	6526 7th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8.	6521 7th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9.	6325 5th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10.	6214 5th AVE KENOSHA, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10

CERTIFICATION OF CIRCULATOR

I, Robert Zebian, certify:

I reside at 5406 2nd Ave 3B Kenosha WI 53140
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-10

(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Curryl O'Neal</i>	<i>6044 37th Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
2. <i>Linda Galster</i>	<i>6162-66th Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/17/10</i>
3. <i>Evon Clements</i>	<i>6906 55th Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
4. <i>Chris King</i>	<i>7019 36th Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
5. <i>Pae Mogywese</i>	<i>4452 Harkr 156th Rd Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
6. <i>Mary Johnston</i>	<i>5418 81st St Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
7. <i>James Yostor</i>	<i>5418-81st St Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
8. <i>Ted C. Kropoz</i>	<i>7425 5th Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
9. <i>Bob Leckie Lee</i>	<i>4218 64th St Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
10. <i>Steve Andersen</i>	<i>1817-104th St Prairie #157 Pleasant Prairie</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7-12-10</i>

I, Stephen Butler, certify:
 (Name of circulator)
 I reside at 6603 7th Ave Kenosha, WI 53143
 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under 9-12.13(3)(a), Wis. Stats.

(Date)

7-12-2010

(Signature of circulator)

Stephen Butler

10

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>David O'Neil</i>	21818 9th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2. <i>Denise Bauer</i>	6605 - 50th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>John B. L.</i>	32001 Geneva Road Kenosha	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	7/12/2010
4. <i>KENE Hnilkoff</i>	7814 - Sheridan Rd Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
5. <i>Michael P. Hendry</i>	8729 36th AVE Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
6. <i>Michael A. L.</i>	6323 29th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
7. <i>Aileen O'Neil</i>	4405 Walnut St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
8. <i>Rebecca Bergin</i>	6506 50th Avenue Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
9. <i>John B. L.</i>	5015 - 29th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. <i>Jenna Chiappetta</i>	7732 15th AVE Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

I, Stephen Butler, certify:
(Name of circulator)
I reside at 6003 7th Ave Kenosha, WI 53143
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-2010

Stephen Butler
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>[Signature]</i>	24510 60th St Salem WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	7/12/10
2. <i>[Signature]</i>	6808 56th Ct. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
3. <i>[Signature]</i>	3825-16th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. <i>[Signature]</i>	6649 33rd Ave. Locust Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
5. <i>[Signature]</i>	7024-52nd Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
6. <i>[Signature]</i>	7312 35th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
7. <i>[Signature]</i>	4821 79th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. <i>[Signature]</i>	8203-63 Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. <i>[Signature]</i>	7319-36th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. <i>[Signature]</i>	10245 16th Ave 2BB Pleasant Prairie 53158	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant Prairie	7/12/10

CERTIFICATION OF CIRCULATOR

Steven Herr

(Name of circulator)

certify:

reside at

7918 60th Ave #201 Kenosha WI 53142

(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10

(Date)

(Signature of circulator)

3AB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
http://gab.wis.gov Email: gab@wis.gov

Page No. **34**

NOMINATION PAPER FOR PARTISAN OFFICE

101

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input checked="" type="checkbox"/> Town Racine <input type="checkbox"/> Village <input type="checkbox"/> City	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Daniel Miranda</i>	6317 11 Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
2. <i>Steve Hen</i>	7918 60th Ave #201 Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>Dan Kozel</i>	7942 - 69th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant Prairie	7/12/10
4. <i>[Signature]</i>	2002 75th St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
5. <i>[Signature]</i>	2004 1st St Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
6. <i>[Signature]</i>	7554 17 Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
7. <i>[Signature]</i>	12230 75th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. <i>Rebecca Rixe</i>	6711 35th Ave. Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. <i>Wanda Batten</i>	5502 60th Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. <i>Heather Edwards</i>	5716 64th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

CERTIFICATION OF CIRCULATOR

I, *Steven Hen*, certify:
(Name of circulator)
 I reside at 7918 60th Ave #201 Kenosha WI 53142
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

10

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Paul J. Dandy</i>	2928 96 ST Sturtevant, WI, 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	7/11/10
2. <i>Kurt Hupel</i>	4255 9th St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
3. <i>Leeke (Ph. Dep.)</i>	711-61st St Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
4. <i>Mary [Signature]</i>	5801 30th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
5. <i>[Signature]</i>	5801 39th Ave Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
6. <i>Frances M. Kavcich</i>	6411 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
7. <i>[Signature]</i>	6130 3rd Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
8. <i>Amie m. Brand</i>	7315 36th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
9. <i>Mary Brand</i>	7315-36th Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
10. <i>[Signature]</i>	5821 43rd Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10

I, Marian Rothstein, certify:
(Name of circulator)
I reside at 6003 7th Ave Kenosha, WI 53143
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/10
(Date)

[Signature]
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Jura Schmitz</i>	<i>8416 31st St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
2. <i>Lynne Jorgensen</i>	<i>4025-60th Pl</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
3. <i>Charles Jorgensen</i>	<i>4025-60th Pl</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
4. <i>John Jorgensen</i>	<i>1242 Village Center Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
5. <i>Ronald Jorgensen</i>	<i>9607-16th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
6. <i>Rob Dixon</i>	<i>6521 7th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
7. <i>Raymond Puffolo</i>	<i>8602-3rd Ave P.P. WI 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7/11/10</i>
8. <i>Mary Puffolo</i>	<i>8602-3rd Ave P.P. WI 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7/11/10</i>
9. <i>Richard Bartholomew</i>	<i>6068 5th Ave Kenosha WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
10. <i>Paul Beck</i>	<i>5526-20th Ave Kenosha WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>

I, *Marian Rothman*, certify:
(Name of circulator)
 I reside at *6003 7th Ave, Kenosha, WI 53143*
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Brian J. Bonk</i>	6510 28th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-11-10
2. <i>Stephane Niche</i>	7230 - 50th Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kenosha <input type="checkbox"/> City Kenosha	7-11-10
3. <i>Kurt G. ...</i>	7309 3rd Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-11-10
4. <i>Ken Thorpe</i>	333-8th St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	7-11-10
5. <i>Susan Thorpe</i>	333-8th St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	7-11-10
6. <i>Gary Mendenhall</i>	7200-45 Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-11-10
7. <i>Joseph Butera</i>	5242 MICHEN RD MT PLEASANT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT Pleasant <input type="checkbox"/> City MT Pleasant	7/11/10
8. <i>Kevin ...</i>	7767-6th Ave Kenosha WI 53140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kenosha <input type="checkbox"/> City Kenosha	7/11/10
9. <i>Alisa ...</i>	5525-47th Ave Kenosha, WI 53141	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
10. <i>Michael W. Schmitt</i>	5416-31st Street Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-11-10

CERTIFICATION OF CIRCULATOR

I, Marian Rothstein, certify:
 (Name of circulator)
 I reside at 6003 Fern Ave Kenosha, WI 53143
 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number, box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Cheryl J. Dunkel</i>	<i>619 West Blvd Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
2. <i>Aimee Y. Benseke</i>	<i>2830 Taylor Ave. Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
3. <i>Heather A. Bensen</i>	<i>3009 Miller St Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
4. <i>Timothy Valley</i>	<i>2014 16th Street Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
5. <i>Jim C.</i>	<i>1222 Blaine Avenue Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
6. <i>Ellen J. Nemeth</i>	<i>1802 Grange ave #207</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
7. <i>John C. Schell</i>	<i>2831 Cozy Acres Rd Racine, WI 53406</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mt. Pleasant</i>	<i>7/10/10</i>
8. <i>Rori Schulte</i>	<i>3032 43rd St Sturtevant, WI 53177</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Sturtevant</i>	<i>7/10/10</i>
9. <i>RS Gaudet</i>	<i>3132 Buckingham Rd STURTEVANT WI 53177</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Sturtevant</i>	<i>7-10-10</i>
10. <i>Marilyn Nemeth</i>	<i>8033 Old Spring St Racine, WI 53406-3243</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT. Pleasant</i>	<i>7-10-10</i>

CERTIFICATION OF CIRCULATOR

Marilyn Nemeth

(Name of circulator)

, certify:

Reside at *8033 Old Spring Street Racine Wisconsin 53406-3243*
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-10-10

Marilyn Nemeth

(Signature of circulator)

(Date)

B-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984 608 266-8005
<http://gab.wi.gov> Email: gab@wi.gov

Page No. *50*

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. John Heckenlively		Street, fire, or rural route number; box number (if rural route); and name of street or road 410 Seventh Street #2		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	
Name of municipality for mailing purposes Racine	State WI	zip code 53403	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date November 2	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office US Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 1 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin, 1st Congressional	

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☒ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Frances Scott</i>	<i>390 N. Main Apt 131</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
2. <i>Cynthia McCrory</i>	<i>1231 Arthur Ave</i> <i>53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-10</i>
3. <i>Abby</i>	<i>3422 Haven Ave</i> <i>53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7-11-10</i>
4. <i>Cathy McCrory</i>	<i>1231 Arthur Ave</i> <i>53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR:
 I, *Joseph R. Cushing* (Name of circulator) _____, certify:
 I reside at *4045 Sherman Rd, Racine, WI 53403*
 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/2010
 (Date)

Joseph R. Cushing
 (Signature of circulator)